

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
						CLAIMS				
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.						
1	1	1			51					
2	1	1			52					
3	2				53					
4					54					
5	1				55					
6	1				56					
7	1				57					
8	1				58					
9	3				59					
10	3				60					
11	1				61					
12	1				62					
13	1				63					
14	1				64					
15	1				65					
16	1				66					
17	1				67					
18	1				68					
19					69					
20	1				70					
21	1				71					
22					72					
23					73					
24					74					
25					75					
26					76					
27	1				77					
28	1				78					
29					79					
30					80					
31					81					
32					82					
33					83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.			3		TOTAL IND.					
TOTAL DEP.		25			TOTAL DEP.					
TOTAL CLAIMS		28			TOTAL CLAIMS					